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FAX COVER SHEET

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FROM	Van Mahamedi					
DATE	2005-07-15 01:14:19 GMT					
RE	Response to Office Action Application No. 10/080,437					

COVER MESSAGE

Response to Office Action Application No. 10/080,437

43 Pages Inclosing this sheet

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PTO/SB/17 (12-04v2)
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	THE PORTUGATION A						manum unae					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005					Complete if Known							
					Application Number 10/080,							
					Filing Date February 21				02			
					First Named Inventor CANOV							
Applicant cla	Examiner Name		Datskov									
			800		Art Unit		2835					
TOTAL AMOUNT	Attorney Docket	No.	PALM 0906									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number 50-1914 Deposit Account Name:												
For the above-Identified deposit account, the Director Is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee												
Character additional fraction and additional fraction and additional fractions and additional fr												
under 37 CFR 1.16 and 1.17												
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FEE CALCULA	ATION											
1. BASIC FILIN	IG, SEARCH	I, AND E	XAMINATION FI	EES								
		FILING F		SEAR	CH FEES	EXA	IOITANIN					
Application T	уре Е		nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee		Entity (\$)	Fees Paid (\$)			
Utility		300		500	250	200						
Design		200	100	100	50	130		55				
Plant		200		300	150	160	•	30				
Reissue		300		500	250	60	•	X)				
Provisional		200	100	0	0) 3(0				
2. EXCESS CL		200	100	v	U	,	,	U	Small Entity			
Fee Description	Fee (\$)											
Each claim o	•	_	,					50 200	25			
Each independent claim over 3 (including Reissues)									100			
Multiple dependent claims									180			
	<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>32</u> - 20 or HP = 12 x 50 = 600						Multiple Dependent Claims Eee (\$) Fee Paid (\$)					
			if creater than 20.		600			C68 (3)	ree Paid (3)			
Indep. Claims	Ex	ctra Claims		Fee	Paid (\$)		_					
	or HP =	1			200							
	HP ≈ highest number of independent dalms paid for, if greater than 3. 3. APPLICATION SIZE FEE											
			ceed 100 sheets	of pag	er (excluding el	ectror	ically file	ed seque	ence or computer			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
total Sneet	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge):												
SUBMITTED BY			<u> </u>									
ignature Registration No. (Attorney/Agent) 42,828								Telepho	one 408-551-6632			
Name (Print/Type) Van Mahamedi								Date July 14, 2005				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includinal case. Any comments on the amount of time you require to complete this form and/or suggestions for redung this burden, should be sent to the CNIVE Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2005, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paparwork Reduction Act of 1995, no persons are required to associate a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known eted Appropriations Act. 2005 (H.R. 4818). **Application Number** 10/080,437 FEE TRANSMITTAL Filing Date February 21, 2002 For FY 2005 First Named Inventor CANOVA **Examiner Name** Datskovskiy Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2835 TOTAL AMOUNT OF PAYMENT PALM 0906 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order _None Other (please identify): Deposit Account Deposit Account Number: 50-1914 Deposit Account Name. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 32 - 20 or HP = 12 50 600 Fee (\$) Fee Paid (\$) HP = hignest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 200 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Number of each additional 50 or fraction thereof Total Sheets Fee Pald (\$) / 50 = (round up to a whole number) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 42,828 Signature Telephone 408-551-6632 10-(Attorney/Agent)

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